Name of Household:		

VERIFICATION TRACKER FOR SCHOOL USE

Attach this form to each application selected for verification along with copies of all correspondence with the household regarding verification and copies of all documents received from the household. Date Confirmation Review Completed: Date Verification Letter Sent (Attachment F): Date Response Due from Household: Date and Method used for Contacting Non-Responding Households a Second Time or N/A Number of Students on Application: Original Application Approval was: Free Eligible Based on Master Case Number (SNAP/TANF/FDPIR) Free Eligible Based on Foster Child Free Eligible Based on Income/Household Size Information Reduced-Price Eligible Verification Result: District must show calculations used to determine household income. No Change Free Eligible Based on Master Case Number (SNAP/TANF/FDPIR) Agency Response Free Based on Foster Child Agency Response Free Eligible Based on Income/Household Size Information Reduced Price Eligible Based on Income/Household Size Information Paid Eligible Based on Income/Household Size Information or SNAP/TANF/FDPIR Agency Response Paid Eligible because the Household Did Not Respond Date Verification Results Letter Sent (Attachment G): Date Change Made in Computer System/Roster: Date Hearing Requested/Date Hearing Decision: Date Verification Completed: Verifying Official's Signature: Household Reapplied with Documentation after being notified of a change in meal benefits. Show calculations used to determine household income. Results of Reapplication: Denied Based on Income/Household Size Information Free Eligible Based on SNAP/TANF/FDPIR Agency Response Free Eligible Based on Foster Child Agency Response Free Eligible Based on Income/Household Size Information Reduced Price Eligible Based on Income/Household Size Information Determining Official's Signature:______ Date of New Approval:____